NATIONAL Assessment Contre S	'ervices (() () () () () () () () ()
	cb description Date & Time Completed Done by
	SAS e-filing
Veh No F8E 6904C	E-mail (within 8hrs, AIC 2hrs)
DOA 17/02/2018 18:10	i-Motor Claim Form
	i-Motor W/O (Within: OD 2hrs. TP 4hrs)
OD (TP) Reposing Only	i-Photo Uploaded
	Assessment/Survey Report
TP Insurcr:	Ass't Report by Fax / Hand to Owner/Wksp
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:
	F7664M INC()/Non-INC()
Owner / Driver: (_ Tel:)
Policy No: () Period	1: (') Cover Type: ()
Confirmed by : (Date: Time:)
	te-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]
Tout of Regional	rranty: YES ()/NO ()
Excess: (\$) Loading: \$1,000	()/\$2,000 ()
General Remarks:-	Contracting the Contract of th
() Walk-In Customer: Customer's information	ation strictly Confidential & Strictly NO rafer of repairer.
() Total Loss Case : to e-mail Insurer (The second secon
Drive-In ()/ Towed-In (); Invoice: Y	
	Date&Time Completed Done by
Remarks:- (INC horline: 6788 6616)	51.
17.144.0 10. 11	artesy Car ()
2) QC Check / Post Repair Inspection	
3) Upload Resurvey Photo [Repair Cost > \$300	[0] ()
Injury:	
Date/Time Actions	
Date (Inte) Actions	SAND TO COMPANY AND TO SAND TO A POST OF THE SAND TO S
191 ALA	Invoice Preparation Checklist Ant (5) Amt (5) Ant (5) Amt (5) Ant (5) Add 8
1411190	1) AR : Accident Reporting (\$30);
laimant's Particulars :-	2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45
river/Owner:	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30
Contact No:	For claiming against INC Only (wel 10 Jan 2003)
Damaged Portion:	6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160
, amagou i vi aviii	8) NTUC Additional Services:-
QC Checked by (Engr-In-Charge):	OD* *N5: Courtesy Car / Tpt Allowance \$5
(C. Checked by (Bilgi-In-Charles)	*N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25
	a both Mant Manage Inspection
Auditors' Comments :-	*N8: DV / Collect Excess Coordination 33
	*N8: DV / Collect Excess Coordination 23 TP (N11): TP (N on INC) against INC 520 30
Auditors' Comments :- Cat. 1: Cat. 2/3:	*N8: DV / Collect Excess Coordination 53 TP (N11): TP (N on INC) against INC 520

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

foresaid.	ACCIDENT STATEMENT
	21/02/2018 13:41
Date Of Report	17/02/2018 18:10
Date Of Accident	TRAFFIC LIGHT MOUNTBATTEN ROAD
Exact Location Of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
	FBE6904C
Vehicle Registration Number	PECOSTO
Insured/Policyholder	CERTIS CISCO SECURITY PTE LTD
Name Of Registered Owner	CERTIS CISCO SECORITY FIE ETD
Co Reg No	LOGARZER CHAIL COM
Email Address	LOGA8788@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96315533
Alternative Phone No	OFFICE-93523718
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBR 125
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000001676-00-000
Cover Note Number	
Driver	
Name of Driver	LOGARAJAH A/L R VADIVELLU
Passport No/FIN	G8603993T
Date Of Birth	06/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2017

0 YEAR AND 3 MONTH

(LOCAL) +65-96315533

LOGA8788@GMAIL.COM

OFFICE-93523718

MALE

NO 14 JALAN MAWAR 7 / TAMAN MAWAR / 48000 RAWANG SELANGOR

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : MALE

NO

2

NO

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

YES YES

REVERT

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

: JENINDRAN VELAN

SJF7664M Vehicle Registration Number

MITSUBISHI / LANCER Vehicle Make/Model/Colour

Details Of Properties

NRIC/Passport Number

PRIVATE CAR Vehicle Category MALIK BIN RAMLI Name of Driver S7239176D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/02/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN Mountbatten Road DESCRIBE CIRCUMSTANCES OF THE ACCIDENT See attached DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)
Date & Time: 210010016

1.30 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GULRANC ShetishPlanForm_V3

Brief: PW at around 1815hrs, PW was riding registration plate number FBE6904C along Mountbatten Road. Upon reaching to traffic light junction of Mountbatten Road and Old Airport Road, PW stopped the bike behind of the Car bearing registration plate number SJF7664M. While waiting for the turning arrow to appear to make right turn to Old Airport Road, all of a sudden, the car reversed and hit on the front tyre of his bike. The vehicle driver informed that driver had checked his left side mirror however driver didn't noticed that PW was directly behind his vehicle. Driver also informed that he had formed up in the wrong lane at Mountbatten Road and wanted to reverse and continue his journey straight along Mountbatten Road heading towards Geylang direction.

Then car driver and PW had exchanged their particulars.

Venson: 1.1

Certis Fleet Management Section Traffic Accident Reporting Form

	Sec	tion 1: DRIVER DECLARAT	rion		
200 0年於 唐 正成出		a) Driver Particulars			
Name:	LOGARAJAH I	R VADIVELLU	Contact numb		1352 3 THE
NRIC/ FIN/ Passport:	98603993		Driving Pass	Date:	11/2019
Date of Birth:	06/11/198	7			
		b) Vehicle Details - Certis			September 1
Vehicle Number:	FBE6904C		Vehicle Cate	Commerc	cial / Motorcycle /
Vehicle brand:	YAMAHA		Vernicle Galos	901).	Car
Vehicle Model:	YBR 125		Number of pa (Include drive	C 100	
	交通 (水) (水)	c) Accident Details		制度法。	NAME OF STREET
Date:	19/02/2018	3		nore than 3 days	medical (No) Yes
Time:	1810-1820		leave (MC)?		
Location:	TRAFFIC LIGH	HT MOUNBATTE		el taken to hospita	1? (No) Yes
Type of Collusion:		Rear-End / Side-impact / Sideswipe Head-on / Single Car / Chain Collusion		Government Prop	erty or No Yes
(Please Circle)		Hit-and-Run / Rollover / Self-Skidded		icle(s) Involved?	(No) Yes
Weather Condition:			*If any above questions	consist of a "Yes", proce	eed to make police repo
	Clear / Rainy / Groomy Wet / Dry		^Police repor	rt required?	(No) Yes
			Alf Yes, police station name?		
Road Surface:			^If Yes, polic	e station name?	
	No / Yes		Any Other Ve *If above question	e station name? _ ehicle Involved? cansist of "Yes", proceed ution Given by TP?	d to part (d)
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic	No/Yes Rules? No/Yes	d) 3rd Party Vehicle Detail	Any Other Ve *If above question Any Prosecu	ehicle Involved? cansist of "Yes", proceed	d to part (d)
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic	No/Yes Rules? No/Yes	The second secon	Any Other Ve *If above question Any Prosecu	ehicle Involved? cansist of "Yes", proceed	d to part (d)
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated?	Rules? No/Yes No/Yes No/Yes	The second secon	Any Other Ve *If above question Any Prosecu	ehicle Involved? cansist of "Yes", proceed ution Given by TP?	of to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number:	Rules? No/Yes	The second secon	Any Other Ve *If above question Any Prosecu	ehicle Involved? cansist of "Yes", proceed ution Given by TP?	of to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand:	No/Yes No/Yes No/Yes No/Yes Vehicle 1	The second secon	Any Other Ve *If above question Any Prosecu	ehicle Involved? cansist of "Yes", proceed ution Given by TP?	of to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model:	Vehicle 1 STF 7664M MITSORISHI	Vehicle 2	Any Other Ve *If above question Any Prosecu	ehicle Involved? cansist of "Yes", proceed ution Given by TP?	of to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name:	Vehicle 1 STF 7664M MITCOBISHI	Vehicle 2	Any Other Ve *If above question Any Prosecu	ehicle Involved? cansist of "Yes", proceed ution Given by TP?	o to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model:	Vehicle 1 STF 7664M MITSOBISHI LANCER MALIK BIN RAN	Vehicle 2	Any Other Ve *If above question Any Prosecu	ehicle Involved? cansist of "Yes", proceed ution Given by TP?	No/Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport:	Vehicle 1 STF 7664M MITSOBISHI LANCER MALIK BIN RAN	Vehicle 2	Any Other Ve	ehicle Involved? cansist of "Yes", proceed ution Given by TP?	o to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport:	Vehicle 1 STF 7664M MITSOBISHI LANCER MALIK BIN RAN	Vehicle 2	Any Other Ve	ehicle Involved? cansist of "Yes", proceed ution Given by TP? Vehicle 4	o to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number:	Vehicle 1 STF 7664M MITSOBISHI LANCER MALIK BIN RAN	Vehicle 2	Any Other Ve	ehicle Involved? cansist of "Yes", proceed ution Given by TP? Vehicle 4	of to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number:	Vehicle 1 STF 7664M MITSOBISHI LANCER MALIK BIN RAN	Vehicle 2	Any Other Ve	ehicle Involved? cansist of "Yes", proceed ution Given by TP? Vehicle 4	o to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number:	Vehicle 1 STF 7664M MITSOBISHI LANCER MALIK BIN RAN	e) Witness Details (if any	Any Other Ve	ehicle Involved? cansist of "Yes", proceed ution Given by TP? Vehicle 4	o to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number:	Vehicle 1 STF 7664M MITSORISHI LANCER MALIK BIN RAM ST23917610	e) Witness Details (if any	Any Other Ve	ehicle Involved? cansist of "Yes", proceed ution Given by TP? Vehicle 4	of to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number:	Vehicle 1 STF 7664M MITSORISHI LANCER MALIK BIN RAM ST23917610	e) Witness Details (if any	Any Other Ve	ehicle Involved? cansist of "Yes", proceed ution Given by TP? Vehicle 4	o to part (d) No / Ye
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number:	Vehicle 1 STF 7664M MITSORISHI LANCER MALIK BIN RAM ST23917610	e) Witness Details (if any	Any Other Very above question Any Prosecu IS Vehicle 3 Contact number	ehicle Involved? consist of "Yes", proceed ation Given by TP? Vehicle 4	of to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number:	Vehicle 1 STF 7664M MITSORISHI LANCER MALIK BIN RAM ST23917610	e) Witness Details (if any f) Accident Statement g) Acknowledgement	Any Other Very above question Any Prosecu IS Vehicle 3 Contact number	ehicle Involved? consist of "Yes", proceed ution Given by TP? Vehicle 4	of to part (d) No / Yes
Road Surface: Any Fatality/Major Injury? Did you violate any Traffic Traffic Police Activated? Vehicle Number: Vehicle brand: Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number: Name: Please proceed to write Desc	Vehicle 1 STF 7664M MITSORISHI LANCER MALIK BIN RAM ST23917610	e) Witness Details (if any f) Accident Statement g) Acknowledgement	Any Other Very above question Any Prosecu IS Vehicle 3 Contact number true in every aspect	ehicle Involved? consist of "Yes", proceed ution Given by TP? Vehicle 4	o to part (d) No / Yes

Section 2: FOR FMU STAFF ONLY a) Insurance Information Own Damage / 3rd Party / Reporting Only Is D Is Driver employee of Claim purposes: Company?: See Attached Insurance Company: Comprehensive / 3rd Party/ Fire & Theft Is driver the owner of the Policy Number: No / Yes vehicle? b) Certis Demerit Point Recommendation No PYes At-Fault Accident? BOLA Reference Number: Minor / Major Accident Type: Demerit points allocated: Head of FMS Driver Acknowledgement: Acknowledgement: Date and Time: Date and Time:







LOGARAJAH A/L R VADIVELLU

871106055477 MALAYSIA

B2 D

06/11/2017 - 06/11/2019 NO. 14 JALAN MAWAR 7

TAMAN MAWAR

48000 RAWANG SELANGOR









871106-05-5477



WARGANEGARA

- 3500 kg. hidobasi Birati 91M malashiri 1900 kg. hidobasi Birati 91M malashiri 1900 kg. higyay Majari Car orladen aengiri estrenining 7500 kg. hidobasi Birati 91M kidak mestidih 7900 kg. hidobasi Birati 91M kidak mestidih 9700 kg. hidobasi erashiri 1900 kg. hidobas

- cong sour-re, vicentry Berget Bercel (Berode), 8700 reselvanis 5000 rej indebulan Macchiney Hazor (Mhasted) unsuper swept 5000 rej in Jestines Bergerial, Bersel (Besenba) 87M milliothis 5000 kg in Madale Machiney Hazoy (Tracking) unladen skrietyling







871106-05-5477-03-01







GREAT AMERICAN INSURANCE COMPANY

GST REG. NO.: M90370081T UEN: T15FC0029B 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third0Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Molaysia)

Policy Details

Certificate Number

MOMVM000001676-00-000

Cover : Motor Cycle (Comprehensive)

Policyholder Name

Certis Cisco Security Pte Ltd

Chassis Number

: LBPKE1289A0041154

NCD Entitlement

20% Fleet Discount

Engine Number

: E3D6E003934

Hire Purchase

N/A

Registration Number

: FBE6904C

Period of Insurance

From 30/10/2017 (00:00) To 31/07/2018 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

- The Primary Rider a)
- Any Named Rider as stated in the policy b)

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing b)
- Use for carriage of goods (other than samples) in connection with any trade of business c)
- Use for any purpose in connection with Motor Trade
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1)

SGD 750.00 - including Fire & Theft outside Singapore

Excess (Section 2)

N/A

Driver Details

Primary Rider

Any persons who is driving on the policyholder's order or with their permission

Named Rider 1

N/A

Named Rider 2

N/A

Name of Intermediary

Jardine Lloyd Thompson Private Limited

Date of Issue

17/10/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

mlow